

City of Milwaukee Employment Application for PARKING ENFORCEMENT SUPERVISOR

Department of Employee Relations City Hall, Room 706 200 East Wells Street Milwaukee WI 53202-3554 414-286-3751 TDD 414-286-2960 www.milwaukee.gov/der

INSTRUCTIONS TO APPLICANT- Please:

- 1. Use a typewriter or print answers in black ink.
- Answer all questions in unshaded area. Credit may not be given for incomplete information. Leave shaded areas blank.
- Date and sign on page 2.
- 4. Print your Last Name in the left margin.
- 5. Keep a copy of completed application materials for your files.

	NY FORMAT MODIFICATION MA	ADE TO THIS DOCUME	WILE REGOLT IN IMMEDIATE REGESTION	
			Do you currently live in the City of Milwaukee?	
- <u></u>			□ Yes □ No	
Last Name	First	Middle Initial	If yes, when did you become a resident? (month/year)	
Address		Apt. #	(monthly car)	
		- -	NOTE: City employees must live in the City.	
City	State	Zip Code	Residency proof will be required at the time of hire or within six months.	
Day phone:	(Within Givenionalis.	
Evening phone:	() -		List any other names by which you have been known	
Email Address:			on official records:	
Social Security Numb	ber			
Are you 18 years of a	age or older? □ Yes □	No If	f under 18, how old are you?	
	_		years months	
Due to limitations on empl	oyment of relatives, list the na	mes and exact relation	onships of any relatives who are City of Milwaukee employees:	
List any licenses, rec	istrations and/or certific	eates vou nossess	s such as Driver's Nursing or Professional Engineer	
List any licenses, registrations and/or certificates you possess, such as Driver's, Nursing or Professional Engineer,				
that are related to the	s job you are applying fo	r.		
that are related to the	e job you are applying fo	or:		
that are related to the	e job you are applying fo	or:		
	e job you are applying fo ER (if any)	or:	TYPE NUMBER (if any)	
TYPE NUMB	ER (if any)		- (- 7)	
TYPE NUMB MILITARY SERV Extra points are added to pas	ER (if any) ICE * Read carefully sing scores of qualified war vetera	r if you may be eligik	ple for veteran's preference points. * In disabled or deceased veterans on open competitive exams. If you were in the	
TYPE NUMB MILITARY SERV Extra points are added to pas U.S. Armed Services during the	ER (if any) ICE * Read carefully sing scores of qualified war vetera the following war periods, check the	r if you may be eligik ans or spouses of certain e appropriate boxes and	ple for veteran's preference points. * In disabled or deceased veterans on open competitive exams. If you were in the lenter service dates. You MUST include with this application, a PHOTOCOPY	
TYPE NUMB MILITARY SERV Extra points are added to pas U.S. Armed Services during the of your discharge document(so CLAIM VETERAN'S PREFER	ER (if any) ICE * Read carefully sing scores of qualified war vetera he following war periods, check the (e.g. DD214) showing (1) date of RENCE. FAILURE TO COMPLETE	r if you may be eligik ans or spouses of certain e appropriate boxes and if entry, (2) date of discha E THIS SECTION ACCU	ole for veteran's preference points. * In disabled or deceased veterans on open competitive exams. If you were in the lenter service dates. You MUST include with this application, a PHOTOCOPY arge and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO JRATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214	
TYPE NUMB MILITARY SERV Extra points are added to pas U.S. Armed Services during the of your discharge document(so CLAIM VETERAN'S PREFER AND/OR A V.A. LETTER WIT	ER (if any) ICE * Read carefully sing scores of qualified war vetera he following war periods, check the (i) (e.g. DD214) showing (1) date of RENCE. FAILURE TO COMPLETE TH THIS APPLICATION WILL DISC	r if you may be eligik ans or spouses of certain e appropriate boxes and if entry, (2) date of discha E THIS SECTION ACCU	pole for veteran's preference points. * In disabled or deceased veterans on open competitive exams. If you were in the lenter service dates. You MUST include with this application, a PHOTOCOPY arge and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO	
TYPE NUMB MILITARY SERV Extra points are added to pas U.S. Armed Services during the of your discharge document(so CLAIM VETERAN'S PREFER	ER (if any) ICE * Read carefully sing scores of qualified war vetera he following war periods, check the (i) (e.g. DD214) showing (1) date of RENCE. FAILURE TO COMPLETE TH THIS APPLICATION WILL DISC	r if you may be eligik ans or spouses of certain e appropriate boxes and if entry, (2) date of discha E THIS SECTION ACCU	ole for veteran's preference points. * In disabled or deceased veterans on open competitive exams. If you were in the lenter service dates. You MUST include with this application, a PHOTOCOPY arge and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO JRATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214	
TYPE NUMB MILITARY SERV Extra points are added to pas U.S. Armed Services during to of your discharge document(s CLAIM VETERAN'S PREFER AND/OR A V.A. LETTER WIT information please see the ba Military Status	ER (if any) ICE * Read carefully sing scores of qualified war vetera he following war periods, check the (s) (e.g. DD214) showing (1) date of RENCE. FAILURE TO COMPLETE TH THIS APPLICATION WILL DISCorbe page of the application.	r if you may be eligit or if you may be eligit ne appropriate boxes and if entry, (2) date of discha E THIS SECTION ACCU QUALIFY YOU FROM B	ole for veteran's preference points. * In disabled or deceased veterans on open competitive exams. If you were in the lenter service dates. You MUST include with this application, a PHOTOCOPY arge and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO URATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214 BEING AWARDED VETERAN'S PREFERENCE POINTS. For further and of Service	
TYPE NUMB MILITARY SERV Extra points are added to pas U.S. Armed Services during the of your discharge document(s) CLAIM VETERAN'S PREFER AND/OR A V.A. LETTER WIT information please see the ba Military Status Enlisted, drafted or of the control of the contr	ER (if any) ICE * Read carefully sing scores of qualified war vetera he following war periods, check the (i) (e.g. DD214) showing (1) date of RENCE. FAILURE TO COMPLETE TH THIS APPLICATION WILL DISC	r if you may be eligite ans or spouses of certain e appropriate boxes and if entry, (2) date of discha E THIS SECTION ACCL QUALIFY YOU FROM B Perio	pole for veteran's preference points. * In disabled or deceased veterans on open competitive exams. If you were in the lenter service dates. You MUST include with this application, a PHOTOCOPY arge and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO JRATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214 BEING AWARDED VETERAN'S PREFERENCE POINTS. For further and of Service ugust 27, 1940-July 25, 1947 une 27, 1950-January 31, 1955	
TYPE NUMB MILITARY SERV Extra points are added to pas U.S. Armed Services during to of your discharge document(s CLAIM VETERAN'S PREFER AND/OR A V.A. LETTER WIT information please see the ba Military Status Enlisted, drafted or c Enlisted or commissi active duty for tra	ER (if any) ICE * Read carefully sing scores of qualified war vetera he following war periods, check the (e.g. DD214) showing (1) date of RENCE. FAILURE TO COMPLETE TH THIS APPLICATION WILL DISCock page of the application.	r if you may be eligit ans or spouses of certain e appropriate boxes and if entry, (2) date of discha E THIS SECTION ACCU QUALIFY YOU FROM B Perio	pole for veteran's preference points. * In disabled or deceased veterans on open competitive exams. If you were in the lenter service dates. You MUST include with this application, a PHOTOCOPY arrange and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO JRATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214 BEING AWARDED VETERAN'S PREFERENCE POINTS. For further ugust 27, 1940-July 25, 1947 une 27, 1950-January 31, 1955 ugust 5, 1964-January 1, 1977	
TYPE NUMB MILITARY SERV Extra points are added to pas U.S. Armed Services during to of your discharge document(s CLAIM VETERAN'S PREFER AND/OR A V.A. LETTER WIT information please see the ba Military Status Enlisted, drafted or c Enlisted or commissi active duty for tra	ER (if any) *Read carefully sing scores of qualified war vetera he following war periods, check the s) (e.g. DD214) showing (1) date of RENCE. FAILURE TO COMPLETE TH THIS APPLICATION WILL DISC tok page of the application.	r if you may be eligit ans or spouses of certain e appropriate boxes and if entry, (2) date of discha E THIS SECTION ACCU QUALIFY YOU FROM B Perio	pole for veteran's preference points. * In disabled or deceased veterans on open competitive exams. If you were in the lenter service dates. You MUST include with this application, a PHOTOCOPY arge and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO JRATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214 BEING AWARDED VETERAN'S PREFERENCE POINTS. For further under the description of the provided Health	
TYPE NUMB MILITARY SERV Extra points are added to pas U.S. Armed Services during the of your discharge document(should be considered by the construction of the cons	ER (if any) ICE * Read carefully sing scores of qualified war vetera he following war periods, check the (e.g. DD214) showing (1) date of RENCE. FAILURE TO COMPLETE TH THIS APPLICATION WILL DISCock page of the application.	r if you may be eligit ans or spouses of certain e appropriate boxes and of entry, (2) date of discha E THIS SECTION ACCU QUALIFY YOU FROM B Perio Ard service	ole for veteran's preference points. * In disabled or deceased veterans on open competitive exams. If you were in the lenter service dates. You MUST include with this application, a PHOTOCOPY arge and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO JRATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214 BEING AWARDED VETERAN'S PREFERENCE POINTS. For further and of Service ugust 27, 1940-July 25, 1947 une 27, 1950-January 31, 1955 ugust 5, 1964-January 1, 1977 dersian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to late to be determined) ufghanistan War (September 11, 2001 to date to be determined)	
TYPE NUMB MILITARY SERV Extra points are added to pas U.S. Armed Services during the of your discharge document(shifted CLAIM VETERAN'S PREFER AND/OR A V.A. LETTER WIT information please see the bate of the info	ER (if any) //ICE * Read carefully sing scores of qualified war vetera he following war periods, check the side. DD214) showing (1) date of ENCE. FAILURE TO COMPLETE TH THIS APPLICATION WILL DIScored page of the application.	r if you may be eligit ans or spouses of certain e appropriate boxes and if entry, (2) date of dische E THIS SECTION ACCU QUALIFY YOU FROM B Perio	pole for veteran's preference points. * In disabled or deceased veterans on open competitive exams. If you were in the lenter service dates. You MUST include with this application, a PHOTOCOPY arge and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO JRATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214 BEING AWARDED VETERAN'S PREFERENCE POINTS. For further ugust 27, 1940-July 25, 1947 une 27, 1950-January 31, 1955 ugust 5, 1964-January 31, 1955 ugust 5, 1964-January 1, 1977 rersian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to late to be determined) fighanistan War (September 11, 2001 to date to be determined) called to active duty in 1961 by Executive Order No. 10957	
TYPE NUMB MILITARY SERV Extra points are added to pas U.S. Armed Services during to of your discharge document(s CLAIM VETERAN'S PREFER AND/OR A V.A. LETTER WIT information please see the ba Military Status Enlisted, drafted or c Enlisted or commissiactive duty for tra Date Entered Active Duty Date Terminated Active C If you or your spouse has recognized and compensa	ER (if any) *Read carefully sing scores of qualified war vetera he following war periods, check the () (e.g. DD214) showing (1) date of RENCE. FAILURE TO COMPLETE TH THIS APPLICATION WILL DISC ck page of the application. commissionedactive duty oned reserve or National Gua ining only Duty: any disability traceable to wan tted as such by the United Stat	r if you may be eligit ans or spouses of certain e appropriate boxes and if entry, (2) date of discha E THIS SECTION ACCU QUALIFY YOU FROM B Perio Ard service P	ble for veteran's preference points. * In disabled or deceased veterans on open competitive exams. If you were in the lenter service dates. You MUST include with this application, a PHOTOCOPY arge and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO JRATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214 BEING AWARDED VETERAN'S PREFERENCE POINTS. For further ad of Service ugust 27, 1940-July 25, 1947 une 27, 1950-January 31, 1955 ugust 5, 1964-January 1, 1977 rersian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to late to be determined) afghanistan War (September 11, 2001 to date to be determined) alled to active duty in 1961 by Executive Order No. 10957 intitled to receive Armed Forces, Marine Corps, Navy expeditionary Medals, Vietnam Service Medal or Southwest Asia	
TYPE NUMB MILITARY SERV Extra points are added to pas U.S. Armed Services during the of your discharge document(should be considered by the considered by	ER (if any) *Read carefully sing scores of qualified war vetera she following war periods, check the she war periods, chec	r if you may be eligite r if you may be eligite r if you may be eligite r or spouses of certain e appropriate boxes and if entry, (2) date of dische E THIS SECTION ACCU QUALIFY YOU FROM B Perio Ard service JI Ar Ar Ar C r service E tes E tes Ceased Single Ar Contact Co	ole for veteran's preference points. * In disabled or deceased veterans on open competitive exams. If you were in the lenter service dates. You MUST include with this application, a PHOTOCOPY arge and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO URATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214 BEING AWARDED VETERAN'S PREFERENCE POINTS. For further and of Service Total Company 1, 1947 The service of the s	
TYPE NUMB MILITARY SERV Extra points are added to pas U.S. Armed Services during the of your discharge document(sto CLAIM VETERAN'S PREFER AND/OR A V.A. LETTER WIT information please see the bate of the commission of the commission of the commission please see the bate of the commission of the com	ER (if any) ICE * Read carefully sing scores of qualified war vetera he following war periods, check the side. December 1. De	rif you may be eligits ans or spouses of certain e appropriate boxes and of entry, (2) date of discharge and secretary (2) date of discharge E THIS SECTION ACCU QUALIFY YOU FROM B Perio Ard service P A Ar service F service E Es E Ceased Submit Date:	ble for veteran's preference points. * In disabled or deceased veterans on open competitive exams. If you were in the lenter service dates. You MUST include with this application, a PHOTOCOPY arge and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO JRATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214 BEING AWARDED VETERAN'S PREFERENCE POINTS. For further ad of Service ugust 27, 1940-July 25, 1947 une 27, 1950-January 31, 1955 ugust 5, 1964-January 1, 1977 rersian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to late to be determined) afghanistan War (September 11, 2001 to date to be determined) alled to active duty in 1961 by Executive Order No. 10957 intitled to receive Armed Forces, Marine Corps, Navy expeditionary Medals, Vietnam Service Medal or Southwest Asia	
TYPE NUMB MILITARY SERV Extra points are added to pas U.S. Armed Services during the of your discharge document(sto CLAIM VETERAN'S PREFER AND/OR A V.A. LETTER WIT information please see the bate of the commission of the commission of the commission please see the bate of the commission of the com	ER (if any) *Read carefully sing scores of qualified war vetera she following war periods, check the she war periods, chec	rif you may be eligited ans or spouses of certain the appropriate boxes and of entry, (2) date of discharged and service Perio A	ole for veteran's preference points. * In disabled or deceased veterans on open competitive exams. If you were in the lenter service dates. You MUST include with this application, a PHOTOCOPY arge and (3) honorable service. THIS IS YOUR ONLY OPPORTUNITY TO JRATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214 BEING AWARDED VETERAN'S PREFERENCE POINTS. For further and of Service Tugust 27, 1940-July 25, 1947 Tune 27, 1950-January 31, 1955 Tugust 5, 1964-January 1, 1977 Tersian Gulf War/ Desert Shield/ Desert Storm (August 1, 1990 to late to be determined) Tughanistan War (September 11, 2001 to date to be determined) Talled to active duty in 1961 by Executive Order No. 10957 Thitlied to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service Medal or Southwest Asia ervice Medal	

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The City requires pre-employment drug testing.

THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER AND VALUES AND ENCOURAGES DIVERSITY.

Yes [

No [

MINIMUM REQUIREMENTS

IMPORTANT: Do you meet or possess ALL of the following minimum requirements?

If No, we will NOT be able to accept your application for this particular opening, please watch for other opportunities at www.milwaukee.gov/der.

- 1. A minimum of two years experience in the supervision of a large work force involved in field operations. *NOTE: Equivalent combinations of work-experience and education may be considered.*
- 2. Valid driver's license at time of appointment and throughout employment

Are you legally authorized to work for any employer within the United States?

3 Residency in the City of Milwaukee within 6 months of appointment and throughout employment.

EMPLOYMENT INFORMATION

There may be a possibility of employment with other organizations. If so, may we refer your name? ☐ Yes ☐ No				
Give the titles and dates of a	all City examir	nations you have to	aken within the last six m	onths (if none, print "NONE"):
If you are □ PRESENTLY o	r were 🗆 PRE	VIOUSLY employe	ed by the City of Milwauk	ee, list the following:
POSITION TITLE	DEPAR	TMFNT	PENSION NUMBER	FROM (MO./YR.) TO (MO./YR.)
If you have ever been convictions, provide your bir separate sheet if necessary	cted of an offe thdate on pag	ense other than mi	nor traffic violations, list o	details below. If you list
CHARGE	DATE	LOCATION	COURT	DISPOSITION OF CASE
NOTE: Convictions are no applied. Convictions not rep				lation to the job for which you
falsification of this appunderstand that a City C that covered employee Standards Act. Individu accepting employment vinformation about my s such information. I fore result of providing, obta	s to questicolication macharter Ordings are compals should continued to the City uitability for ver waive, relining or actality, and I	ons on this app y result in dis- nance requires (pensated for or discuss overtime r. I authorize the employment. elease and cover ing upon such will not reque	qualification or remo City employees to live vertime work in acco pay practices with the City to make any in I give permission to enant not to sue any painformation. I unders	complete. I understand that eval from a City position. I in the City. I also understand ordance with the Fair Labor ne appointing authority prior to quiries about and receive any persons contacted to provide person or organization for any stand that such information is information. A copy of this
SIGNATURE:			DATE:	:

Exam #04-040

EDUCATION AND	TRAINING
Circle the highest grade completed in High School: 1 2 3 4 5 6	
Did you graduate from High School? \square Yes \square No $\!$ If Yes, Name and Loc	ation of High School
Have you passed a high school equivalency or G.E.D. Test? $\ \square$ Yes $\ \square$	No
Training beyond high school (college or university, nursing, business college	ege, military or other training you have received). Under
credits earned, indicate Q for quarter hours or S for semester hours.	
Name and Location Dates Attended Credits Of School From Mo./Yr. To Mo./Yr. Earned	7, 1
Croshod rion wo.711. To we.711.	Pale completed
Additional coursework, training programs, or professional seminars comp courses required for above degrees.	leted which may be relevant to this position. Do not list
Title Sponsoring Organization/ Academic Institution	Dates Attended Credits
EMPLOYMENT H	IISTORY
Begin with current or most recent employment and work back. As periods of unemployment. In addition, list any other paid or unpail if more space is needed see following page.	
Current or Last Employer	
	From: To: month/year month/year
	montn/year montn/year
Address	
Address	Salary/Wage: \$ per
Your Title	□ Full time
	□ Full time
Your Title	☐ Full time ☐ Part time Hours per week:
Your Title	☐ Full time ☐ Part time Hours per week:

EMPLOYMENT HISTORY – continued

Employer	
Employer	From To
	From: To: Month/year month/year
Address	Monthly year
	Salary/Wage: \$ per
Your Title	□ Full time
	□ Part time Hours per week:
Our and a Name Title and Dhone Number	
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Describe varie lab recononcibilities:	
Describe your job responsibilities:	
-	
Fmnlover	T
Employer	From: To:
Employer	From:To:
	From:To: Month/year month/year
Employer Address	
Address	From:To: Month/year month/year Salary/Wage: \$ per
	Salary/Wage: \$ per
Address	Salary/Wage: \$ per
Address Your Title	Salary/Wage: \$ per □ Full time □ Part time Hours per week:
Address	Salary/Wage: \$ per
Address Your Title	Salary/Wage: \$ per □ Full time □ Part time Hours per week:
Address Your Title Supervisor's Name, Title and Phone Number	Salary/Wage: \$ per □ Full time □ Part time Hours per week:
Address Your Title	Salary/Wage: \$ per □ Full time □ Part time Hours per week:
Address Your Title Supervisor's Name, Title and Phone Number	Salary/Wage: \$ per □ Full time □ Part time Hours per week:
Address Your Title Supervisor's Name, Title and Phone Number	Salary/Wage: \$ per □ Full time □ Part time Hours per week:
Address Your Title Supervisor's Name, Title and Phone Number	Salary/Wage: \$ per □ Full time □ Part time Hours per week:
Address Your Title Supervisor's Name, Title and Phone Number	Salary/Wage: \$ per □ Full time □ Part time Hours per week:
Address Your Title Supervisor's Name, Title and Phone Number	Salary/Wage: \$ per □ Full time □ Part time Hours per week:
Address Your Title Supervisor's Name, Title and Phone Number	Salary/Wage: \$ per □ Full time □ Part time Hours per week:
Address Your Title Supervisor's Name, Title and Phone Number	Salary/Wage: \$ per □ Full time □ Part time Hours per week:
Address Your Title Supervisor's Name, Title and Phone Number	Salary/Wage: \$ per □ Full time □ Part time Hours per week:
Address	Salary/Wage: \$ per
Address Your Title Supervisor's Name, Title and Phone Number	Salary/Wage: \$ per □ Full time □ Part time Hours per week:
Address Your Title Supervisor's Name, Title and Phone Number	Salary/Wage: \$ per □ Full time □ Part time Hours per week:
Address Your Title Supervisor's Name, Title and Phone Number	Salary/Wage: \$ per □ Full time □ Part time Hours per week:
Address Your Title Supervisor's Name, Title and Phone Number	Salary/Wage: \$ per □ Full time □ Part time Hours per week:
Address Your Title Supervisor's Name, Title and Phone Number	Salary/Wage: \$ per □ Full time □ Part time Hours per week:
Address Your Title Supervisor's Name, Title and Phone Number	Salary/Wage: \$ per □ Full time □ Part time Hours per week:
Address Your Title Supervisor's Name, Title and Phone Number	Salary/Wage: \$ per □ Full time □ Part time Hours per week:
Address Your Title Supervisor's Name, Title and Phone Number	Salary/Wage: \$ per □ Full time □ Part time Hours per week:

EMPLOYMENT HISTORY – continued

Employer		
	From:	To: month/year
Address	Month/year	monunyear
	Salary/Wage: \$	per
Your Title	☐ Full time☐ Part time Hours p	er week:
Supervisor's Name, Title and Phone Number	Reasons for leaving:	
Describe your job responsibilities:		
		_
		_
Employer	From:Month/year	To: month/year
Employer Address		To: month/year per
	Salary/Wage: \$	
Address	Salary/Wage: \$	per
Address Your Title	Salary/Wage: \$ □ Full time □ Part time Hours p	per
Address Your Title Supervisor's Name, Title and Phone Number	Salary/Wage: \$ □ Full time □ Part time Hours p	per
Address Your Title Supervisor's Name, Title and Phone Number	Salary/Wage: \$ □ Full time □ Part time Hours p	per
Address Your Title Supervisor's Name, Title and Phone Number	Salary/Wage: \$ □ Full time □ Part time Hours p	per
Address Your Title Supervisor's Name, Title and Phone Number	Salary/Wage: \$ □ Full time □ Part time Hours p	per
Address Your Title Supervisor's Name, Title and Phone Number	Salary/Wage: \$ □ Full time □ Part time Hours p	

EMPLOYMENT HISTORY – continued

Employer	From:To:m	onth/year
Address	Salary/Wage: \$ pe	
Your Title	☐ Full time ☐ Part time Hours per week:	
Supervisor's Name, Title and Phone Number	Reasons for leaving:	
Describe your job responsibilities:		
Employer	From:To: Month/year m	onth/year
Address	Salary/Wage: \$ pe	
Your Title	☐ Full time ☐ Part time Hours per week:	
Supervisor's Name, Title and Phone Number		
	Reasons for leaving:	
Describe your job responsibilities:	Reasons for leaving:	
Describe your job responsibilities:	Reasons for leaving:	
Describe your job responsibilities:	Reasons for leaving:	
Describe your job responsibilities:	Reasons for leaving:	

If more space is needed please make additional copies of this page or attach additional sheets.

Describe your specific experiences in each of the following areas. For each experience described, identify the employer where this experience was gained and the number of years of experience.
Please describe any job related supervisory experience you have had, including the number and titles of employees supervised. Use the following letter designations to characterize each entry: A) Nature of work performed by employees supervised; B) Your responsibility for training and motivating employees; C) Your level of responsibility for discipline, correction and performance evaluation of employees; D) The manner in which you monitored employees in the field.
Describe any experience in answering inquiries and resolving complaints.

Describe any experience in preparing written reports and basic statistical reports.
Describe your familiarity with or experience using Microsoft Office word processing, PeopleSoft, Excel and database applications.
Describe any experience in supervising unionized employees.
Describe any law enforcement experience.

TESTING ACCOMMODATIONS

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any specia	I accommodations during the examination process?	
Yes	No	
If yes, what kind of accomm	nodations will you need?	
	A signer	
	A reader	
	Extra time	
	Other (Please describe)	
Comments:		
SIGNATURE:	DATE:	
Provisions of tost accommo	adations may be granted by the Department of Employee Polations only after	

Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.

MILITARY SERVICE SUPPLEMENT TO CITY OF MILWAUKEE APPLICATION

APPLICAN	T'S NAME DATE
	ATTENTION: SPOUSES OF DECEASED OR DISABLED WARTIME VETERANS
be eligible to a regular apthe war per include with entry, (2) do that you ar FAILURE TO SPOUSE'S AWARDED	ay 1, 1992, spouses of certain disabled wartime veterans and spouses of certain deceased veterans may o have extra points added to passing scores on open competitive examinations if they do not already have oppointment or reinstatement rights to a City position. If your spouse was in the U.S. Armed Services during riods listed at the bottom of this form, check the appropriate boxes and enter service dates. You must not this application a photocopy of your spouse's discharge document(s) (e.g., DD214) showing (1) date of ate of discharge, and (3) honorable service and/or a letter from the Veteran's Administration documenting e a qualifying spouse. THIS IS YOUR ONLY OPPORTUNITY TO CLAIM VETERAN'S PREFERENCE. TO COMPLETE THIS SECTION ACCURATELY OR FAILURE TO ATTACH A PHOTOCOPY OF YOUR DD214 AND/OR A V.A. LETTER WITH THIS APPLICATION WILL DISQUALIFY YOU FROM BEING VETERAN'S PREFERENCE POINTS. (Documentary proof of compensable disability must be submitted plication in order to receive credit.)
Basis for E	ligibility:
	I am the spouse of a disabled wartime veteran whose disability is at least 70% traceable to war service and recognized and compensated as such by the United States Government.
	I am the unremarried spouse of a veteran who died of a service-connected disability.
	I am the unremarried spouse of a veteran who was killed in action.
Spouse's I	Ailitary Status:
	Enlisted, drafted or commissionedactive duty
	Enlisted or commissioned reserve or National Guard serviceactive duty for training only
	Date Entered Active Duty: Date Terminated Active Duty: Has your spouse any disability traceable to war service recognized and compensated as such by the United States Government? YES NO
Spouse's F	Period of Service
	August 27, 1940 - July 25, 1947 June 27, 1950 - January 31, 1955 August 5, 1964 - January 1, 1977
	Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990 to date to be determined) Afghanistan War (September 11, 2001 to date to be determined) Called to active duty in 1961 by Executive Order No. 10957 Entitled to receive Armed Forces, Marine Corps, Navy Expeditionary Medals, Vietnam Service
_	Medal or Southwest Asia Service Medal Date:

City of Milwaukee

Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

PLEA	ASE PRINT OR TYPE		
1.	Name:LAST	FIRST	MIDDLE
2.	Position Applied for: Parking Enfo	orcement Supervisor	
	A. Milwaukee Journal Sentinel B. Other Newspaper (please spe C. City Hall Posting D. Library Posting E. Community Agency Posting (proceeding of the community of the c	-5555)	
2.	Sex (please check one): MALE	FEMALE	_
3.	□ White/Caucasian/European/North□ Native American Indian/Alaskan I	Mexican/Cuban/Central or South American h African/Middle Eastern Native Far Eastern/Indian subcontinent or Southeastel	rn Asian (i.e., China, Japan,
4.	List any languages, other than Engl	lish, which you speak FLUENTLY:	
5.	If you have listed offenses (see pag conviction verification only.	ge 2), provide birthdate Your bir	thdate will be used for
6.	following if you are currently living in	y require public housing development residency n a City of Milwaukee public housing developm Ho	
The a	above-completed information is true to	the best of my knowledge.	
SIGN	IATURE	DATE	